

LICENSURE INSTRUCTIONS BY GRANDFATHERING FOR CLINICAL ADDICTION COUNSELORS

PLEASE NOTE: THIS PROVISION EXPIRES ON NOVEMBER 26, 2012

The Behavioral Health and Human Services Licensing Board shall exempt applicants from the statutory licensure requirements and issue a clinical addiction counselor license to individual applicants that meet the requirements listed below.

OPTION 1

1. Master's or Doctorate degree before November 26, 2012
2. Level II or higher Certification; or
3. Certification as an addiction counselor or therapist approved by the Board.
4. Cannot have a conviction of violence or be convicted of anything that has a direct bearing on your ability to practice competently in the previous two (2) years, and
5. Submit an application prior to November 26, 2012

Option 2

1. Masters Degree
2. 5-years of clinical addiction counseling experience
3. Hold a valid **Indiana** license as a LSW, LCSW, LMFT, LMHC or psychologist
4. Cannot have a conviction of violence or be convicted of anything that has a direct bearing on your ability to practice competently in the previous two (2) years, and
5. Submit an application prior to November 26, 2012

Option 3

1. Bachelor's Degree earned prior to November 26, 2012
2. Hold a Level IV Certification; or
3. Certification at the Internationally Certified Advanced Alcohol and Other Drug Abuse Counselor level from the International Certification and Reciprocity Consortium
4. 20 Years of clinical addiction counseling experience
5. Cannot have a conviction of violence or be convicted of anything that has a direct bearing on your ability to practice competently in the previous two (2) years, and
6. Submit an application by November 26, 2012

GRANDFATHERING CLINICAL ADDICTION COUNSELOR APPLICATION PACKET INSTRUCTIONS

This application packet should contain the following information:

- 1) Seven (7) pages of instructions and additional information
- 2) Application Checklist
- 3) A three (3) page application
- 4) Form E-2 – Verification of Experience for Licensure

If your application packet does not contain these items, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or by email at pla5@pla.in.gov. **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT <http://www.in.gov/pla/social.htm>.**

INSTRUCTIONS AND INFORMATION

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all materials and information included with this packet. If you have any questions, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or by email at pla5@pla.in.gov. For additional information, please visit our website at <http://www.in.gov/pla/social.htm>.

AGENCY ADDRESS

Indiana Professional Licensing Agency
Attn: Behavioral Health and Human Service Licensing Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Speech-Language Pathology and Audiology Board to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application.

PLEASE NOTE: APPLICATION FEES ARE NOT REFUNDABLE

GRANDFATHERING CLINICAL ADDICTION COUNSELOR APPLICATION

COMPLETION OF THE APPLICATION PROCESS

An application shall be considered abandoned if the applicant does not complete the requirements for licensure within one (1) year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

APPLICATION

Mail completed application along with the items listed below to the Indiana Professional Licensing Agency.

AFFIDAVIT

If you answer "yes" to any question on page 3 of your application, you must explain fully in a signed and **notarized** statement, meaning an explanation or statement of facts and or events, including all related details. Describe the event including the violation, location, date and disposition. If you have had a malpractice judgment, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies will not be accepted in lieu of your statement however, they may accompany your affidavit.

PLEASE NOTE: A POSITIVE RESPONSE ON YOUR APPLICATION MAY REQUIRE A PERSONAL APPEARANCE BEFORE THE BOARD BEFORE A FINAL DETERMINATION CAN BE MADE ON YOUR LICENSURE APPLICATION.

APPLICATION FEES

Applicants must submit a fifty dollar (\$50) application/issuance fee, made payable to the Indiana Professional Licensing Agency ("IPLA"). This fee may be submitted by cash, check or money order. **We cannot accept payment by credit card.**

PLEASE NOTE: ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

PHOTOGRAPH

Applicants must submit one (1) professional photograph, taken within eight (8) weeks of the submission of the application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

EDUCATION REQUIREMENT

Applicants must possess at least a **Master's degree** from an accredited institution of higher education for Options 1 & 2 and at least a **Bachelor's degree** for Option 3. Applicants must submit an official transcript from the college or university from which you obtained the degree, showing that all requirements for graduation have been met and the date the degree was conferred.

NOTE: Transcripts must be original, official transcripts sent directly from the university. Copies or incomplete (not yet showing your degree granted) transcripts are not acceptable.

IN ADDITION, TRANSCRIPTS SUBMITTED BY THE APPLICANT IN A SEALED ENVELOPE WILL NO LONGER BE ACCEPTED. ALL TRANSCRIPTS MUST BE SENT DIRECTLY FROM THE UNIVERSITY.

NOTE REGARDING NOTARIZED COPIES

Any notarized copy of an original document must have the notary public make a statement to the fact that the notary has seen the original document.

OFFICIAL VERIFICATION OF ADDICTION CERTIFICATION

Applicants applying under Option 1 or Option 3 must submit an official verification of their addiction counselor certification. The verification **must** come **directly** from the organization that issued the certification. The verification must be original. Copies of your certification **will not** be accepted.

VERIFICATION OF EXPERIENCE

Verification of proof of employment showing that you have acquired at least five (5) years of experience for Option 2 or twenty (20) years of experience for Option 3.

PLEASE NOTE: IF YOU ARE APPLYING UNDER OPTION I, YOU DO NOT HAVE TO FILL OUT FORM E-2

VERIFICATION OF STATE LICENSURE

Applicants must complete the top portion of the Verification of State Licensure Form and submit the form to every state where you currently hold or have previously held a license. The remainder of this form must be completed by the appropriate state authority and returned directly from that state board office. **A COPY OF AN APPLICANT'S LICENSE IS NOT SUFFICIENT.** Other states may charge a fee for this service. Please contact that state directly for fee information. This form may be duplicated if necessary.

NAME CHANGE.

If your name differs from that on any of your submitted documentation, you must also submit an official legal document indicating your legal name change (divorce decree, social security card, etc.) or a copy of a marriage certificate.

NOTE: PLEASE NOTE THAT EVEN THOUGH YOU MAY MEET THE REQUIREMENTS FOR LICENSURE, YOUR APPLICATION MAY HAVE TO GO BEFORE THE BOARD. THIS PROCESS COULD TAKE UP TO TWO (2) MONTHS ONCE YOUR APPLICATION IS COMPLETE DUE TO THE BOARD MEETING BI-MONTHLY.

APPLICATION CHECKLIST

This is a simplified list of the required documentation, necessary for Board review of your application for licensure as a clinical addiction counselor in the State of Indiana under the grandfathering language of the statute. The preceding instructions explain how the documentation must be submitted or obtained.

_____ **COMPLETED APPLICATION**

_____ **NOTARIZED AFFIDAVIT**

Required if you responded, "Yes" to any question on page 2 of the application.

_____ **ONE (1) PASSPORT QUALITY PHOTOGRAPH**

_____ **\$50.00 APPLICATION FEE**

_____ **OFFICIAL TRANSCRIPTS**

Transcripts must come directly from the university. **TRANSCRIPTS SUBMITTED BY APPLICANTS WILL NOT BE ACCEPTED.**

_____ **OFFICIAL VERIFICATION OF ADDICTION CERTIFICATION**

Verification submitted directly from the organization that issued the addiction counselor certification. **COPIES OF CERTIFICATES WILL NOT BE ACCEPTED.**

_____ **VERIFICATION OF EMPLOYMENT/EXPERIENCE – FORM E2**

Verification of proof of employment showing that you have acquired at least five (5) years of experience for Option 2 or twenty (20) years of experience for Option 3.

_____ **VERIFICATION OF STATE LICENSURE FORM(S)**

Completed by every state where you currently hold or have previously held a license.

_____ **PROOF OF NAME CHANGE**

Please submit any legal name change documents or a copy of a marriage certificate if your name differs from that on **any** of your documents submitted to the Board.

PLEASE NOTE: ALL DEGREE MAJORS WILL BE ACCEPTED BY THE BOARD

THE BOARD WILL ACCEPT THE FOLLOWING CREDENTIALING BODIES AND CREDENTIALS THAT ARE CURRENTLY APPROVED BY THE DIVISION OF MENTAL HEALTH AND ADDICTION IN LIEU OF THE LEVEL II:

International Certification and Reciprocity Consortium Alcohol and Other Drug Abuse (IC&RC/AODA)

6402 Arlington Boulevard; Suite 1200
Falls Church, VA 22042-2356
Phone: (703) 294-5827
Fax: (703) 875-8867
<http://www.icrcaoda.org/>

National Association of Alcoholism and Drug Abuse Counselors (NAADAC)

901 North Washington Street; Suite 600
Alexandria, VA 22314
Phone: (800) 548-0497
Fax: (800) 377-1136
www.naadac.org

American Academy of Health Care Providers in the Addictive Disorders

314 West Superior Street; Suite 508
Duluth, MN 55802
Phone: (218) 727-3940
Fax: (218) 722-0346
<http://www.americanacademy.org/>
Credential: Certified Addictions Specialist

Indiana Counselors Association on Alcohol and Drug Abuse (ICAADA)

1800 North Meridian Street; Suite 507
Indianapolis, IN 46202
Phone: (317) 923-8800
<http://www.icaada.org/>
Credential: CADAC II, CADAC IV, or CCS

Indiana Association for Addiction Professionals (IAAP), a NAADAC Affiliate

Post Office Box 24167
Indianapolis, IN 46224
Phone: (317) 481-9255
E-mail: casey@centraloffice1.com
<http://www.iaapin.org/>
Credential: Indiana Certified Addiction Counselor Level II (ICAC II)

American Society of Addiction Medicine

4601 North Park Avenue
Upper Arcade Suite 101
Chevy Chase, MD 20815-4520
Phone: (301) 656-3920
Fax: (301) 656-3815
<http://www.asam.org/>

Credential: Certification in diagnosis and treatment of Alcoholism and other Drug Dependencies

American Board of Psychiatry and Neurology

500 Lake Cook Road; Suite 335
Deerfield, IL 60015-5249
Phone: (847) 945-7900
Fax: (847) 945-1146
<http://www.abpn.com/>

Credential: Additional certification of Addiction Psychiatry for persons with Psychiatry certification

American Psychological Association

College of Professional Psychology
750 First Street NE
Washington, DC 20002-4242
Phone: (202) 336-6100
Fax: (202) 336-5797
www.apa.org/college

Credential: Certificate of proficiency in treatment of alcohol and other psychoactive substance use disorders

Indiana University Certification in Addiction

Certificate Program in Drug and Alcohol Counseling
Department of Psychology
3400 Broadway
Raintree, Room 135
Gary, Indiana 46408
Phone Number: (219) 980-6680
Fax: (219) 980-6756
http://www.iun.edu/~psy/degrees/post_degree.shtml

The Association of Halfway House Alcoholism Programs

401 East Sangamon Avenue
Springfield, IL 62702
Phone: (217) 523-0527
Fax: (317) 698-8234
Email: president@ahhap.org
www.ahhap.org

Indiana University South Bend

Graduate Certificate Program in Alcohol and Drug Counseling

1700 Mishawaka Avenue

P.O. Box 7111

South Bend, IN 46634

Phone: (574) 520-5466

Email: jmlinton@iusb.edu

www.iusb.edu/~edud/PDF/CHS_HBs/GradCert_ad_counseling.pdf

Indiana University East

Certificate in Alcohol and Drug Abuse

2325 Chester Boulevard

Richmond, IN 47374

Phone: (765) 973-8535

Email: efitzger@indiana.edu

www.iue.edu/socialwork/cert-drugabuse.php

Master Addictions Counselor (of the National Board for Certified Counselor's)

3 Terrace Way

Greensboro, NC 27403

Phone: (336) 547-0607

Email: certification@nbcc.org

www.nbcc.org/certifications/mac/default.aspx

Indiana Wesleyan University

Graduate Certificate in Addictions Counseling

4201 South Washington Street

Marion, IN 46953

Phone: (765) 674-6901

www.indwes.edu/Adult-Graduate/Graduate-Certificate-Addictions-Counseling/